



Appendix B Contractor Pre-Job Safety Review Checklist

This expires when the project is complete or the scope of the project changes.

Date of work: _____ Time Authorized to Start Work: _____

Contractor Name: _____

Contractor Supervisor: _____ Telephone #: _____ Cell #: _____

University Representative: _____ Telephone #: _____ Cell #: _____

Location of work: _____

Job Description/Scope: _____

1. Check requirements for special procedures, training & necessary permits:

Confined Space Entry	Hot Work	Lock, Tag, and Try (LOTO)	
Excavation/Trenching	Scaffold	Fall Protection	
Aerial Lift	Fork Truck	Crane	
Other: _____			

2. Has job/task instruction and/or training been provided? Yes _____ No (If no, explain): _____

3. Check requirements for Personal Protective Equipment (PPE): Check here if no PPE is necessary.

Safety Glasses w/ Side Shields	Goggles	Face Shield	
Hard Hat	Fall Protection	Steel Toed Work Shoes	
Respirator (specify type & cartridge): _____			
Other: _____			

4. Have the requirements for Hazard Communication including contractor SDSs, been reviewed?
Yes _____ N/A _____

5. Have all contractor personnel been informed of the hazards associated with this job? Yes _____

6. Have all contractor personnel been informed of emergency procedures based on the location of work to be performed, including location of any emergency equipment? Yes _____

Nearest phone (Emergency number 1-911, 1-5555)
Emergency Exit Safety shower/Eyewash station
Identify Assembly Point(s): _____

Additional Instructions: _____

Names (print): _____ **Signature:** _____
University Representative